

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042736

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5902

FILED DEC 10 1962

1. PLACE OF DEATH

a. COUNTY JACKSON

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KANSAS CITY, MISSOURI

Length of stay in 1b
42 Years

c. CITY OR TOWN KANSAS CITY, MO.

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION VA HOSPITAL, KC, MO.

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
2508 Askew

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last
LEONARD KEYES

4. DATE OF DEATH Month Day Year
NOV. 22, 1962

5. SEX
Male

6. COLOR OR RACE
negro

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
9/27/20

9. AGE (last birthday)
42

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
MECHANIC

10b. KIND OF BUSINESS OR INDUSTRY
MECHANIC

11. BIRTHPLACE (City and state or country)
KANSAS CITY, MISSOURI

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME
WILLIAM KEYES

13b. MOTHER'S MAIDEN NAME
ELIZABETH ELLINGTON

14. NAME OF HUSBAND OR WIFE
N/A

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
YES 4/1/43 to 10/14/44

16. SOCIAL SECURITY NO.

17. INFORMANT VA Hosp Records
Mrs Elizabeth Keyes, 2508 Askew, Kc, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Sepsis
Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I, (a)

Emphysema, GI bleeding

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. attended the deceased from 11/5/62 to 11/22/62 and last saw him alive on 11/22/62

Death occurred at 6:20 AM 11/22/62 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
11-27-62

23c. NAME OF CEMETERY OR CREMATORY
Blue Ridge Lawn

23d. LOCATION (City, town, or county)
Kansas City, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Jones & Stevens 2315 Linwood

25. DATE RECD. BY LOCAL REG.

11-26-62

26. REGISTRAR'S SIGNATURE

Ruth Long

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

JAMES A. KENNEDY MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.